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AUTHOR Hutz, Claudio S.; And Others
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ABSTRACT

This paper describes the ethical and methodological problems associated with studying prosocial moral reasoning of street children and children of low and high SES living with their families, and problems associated with studying sexual attitudes and behavior of street children and their knowledge of sexually transmitted diseases, especially AIDS. Methodological issues that posed problems included sampling and the conditions of data collection. Data collection was problematic because of a short attention span of the children, lack of privacy, and the use of drugs by the children. The two major ethical problems involved in the study of street children are: informed consent and the use of information. Since it is not possible to secure informed consent from the parents, precautions are taken to determine that research involves minimal risk and the consent of the subjects is always secured. Information concerning past physical or sexual abuse, stealing, use of alcohol and drugs, and sexual activity is not reported to authorities. However, not divulging information about criminal activity can constitute being an accomplice to crime. This situation requires clear guidelines. Recommendations include the need for devising methods and guidelines that will allow the conduct of sound and ethical research. Contains 16 references. (BAC)

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Researching Street Children: Methodological and Ethical Issues

Claudio S. Hutz

Silvia H. Koller

Denise R. Bandeira

Letícia M. Forster

Universidade Federal do Rio Grande do Sul, Brazil

Paper presented at the meeting of the Society for Research in Child Development, Indianapolis, IN, March, 1995.

Address correspondence to the authors, Department of Psychology, UFRGS, Ramiro Barcelos 2600, Porto Alegre, RS, 90035-003, Brazil. E-mail: HUTZC@vortex.ufrgs.br.

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Researching Street Children: Methodological and Ethical Issues

Estimates of the number of street children vary widely. The United Nations Infancy Fund asserted that 30 million children were living on the streets of the world in 1991 (UNICEF, 1991, 1993). Many researchers believe that just in Latin America there are between 30 and 40 million street children (Aptekar, 1988a; Cosgrove, 1990). Some sources say that in Brazil there are between seven and 10 million street children (Barker & Knaul, 1991; Maciel, Schmidt, Santoro, Azevedo, & Guerra, 1991). There is some evidence that these numbers may be inflated (Forster, Barros, Tannhauser, & Tannhauser, 1992). Recently, a headcount in the city of São Paulo, which is the largest Brazilian city with a population of over 10 million, found 4.520 street children (Rosemberg, 1994). There are no reliable estimates for other large cities in Brazil. Based on the findings of several studies, we believe that in Porto Alegre (the fifth largest Brazilian city with a population of 1.1 million) there are approximately 500 children living permanently on the streets.

A major source of confusion that may account for some discrepancies in the numbers, is the definition of a street child. A casual observer will see, in the main streets and parks of Brazilian cities, many children and adolescents dressed in shabby, dirty clothing, begging, selling fruits, flowers, or candy, shining shoes, washing cars, or just wandering apparently without a purpose. Some of these children use drugs and a few of them engage in stealing money, purses, or necklaces of distracted people.

These children look alike and apparently they all share a common misery, they look like drifters who ran away from home or who were abandoned by their family. However, they belong to at least two large and very distinctive groups, which have different characteristics, life histories, and prognosis. We call the members of one group, children of the streets. They do not have stable family links, they seldom see their parents, and they do not go to school. They live, they play, they work, they make love, and they die on the streets. The appearance of abandonment they all have reveals what they are indeed: children or adolescents, mostly black males, who ran away or who were deserted by their families and confined on the streets (Forster et al., 1992; Rosemberg, 1990).

The second group consists of children in the streets. These are children who, in spite of the appearance of neglect and abandonment, live with their families. They spend most of the day on the streets, begging or working, trying to make some money for themselves and to help the family. Although they might on occasion sleep on the streets, specially if they did not make enough money, they go back home almost every evening. Some of them go to school but many, usually coerced by their parents, dropped out of school to have more time to work or to beg on the streets (Forster et al., 1992; Rosemberg, 1990).

Although several studies have described street children in developing countries, little is known about this population. We have started a research group, about a year ago, to study the psychological characteristics and development of these children and to develop methods of intervention that would slow down the migration to the streets, keep

the children in school, return children to their families when possible, train job skills, and minimize risk factors like sexual and physical abuse, exposure to sexually transmitted diseases, and drug use.

Our research program started with two studies. One was designed by Dr. Koller with the assistance of Dr. Nancy Eisenberg, from Arizona State University, to compare prosocial moral reasoning of street children, and children of low and high SES living with their families. The other study was designed to assess sexual attitudes and behavior of street children and their knowledge of sexually transmitted diseases, specially Aids. We also wanted to identify the sources of the information these children had about sex and Aids and to what extent they trusted those sources.

To conduct those studies we interviewed almost three hundred street children and collected demographic information about them. We collected not only the usual demographics, but also information about family structure, history of physical and sexual abuse, reasons for dropping out of school, and about what they actually were doing on the streets.

Next, we started a project, which is still going on, to devise assessment methods to evaluate a job-training program and to identify children at risk that had a good chance of profiting from the program. As an extension of this project, we are examining the validity of the use of some common psychological tests, like the DAP, Bender, Raven, and others with this population.

Our group is working now on several projects. We found out that street children are very resilient and that they do not appear to be depressed most of the time. A small

study in collaboration with Dr. DeSouza, from Illinois State University, showed that depression scores were not significantly different between street children and low SES children. We are now comparing subjective well being of street children and of children who live in slums with their families. We are currently finishing a study on emotions with street children with Dr. Jonathan Haidt. We have also just started a cross-cultural project with Fred Bemak, from Johns Hopkins, and with Lewis Aptekar, who is presently in Swaziland, to study the perceptions of street children and their families about the reasons that led to leaving home, the possibility of returning, and the expectations about the future.

We are hoping to attract graduate students or anyone interested to work on several other issues that seem important. We plan to do a study of cognitive development and skills in this population, specially regarding time perception and attention-span. We intend also to investigate locus of control and attribution of causality in this population. We are open for new ideas and willing to join efforts with other researchers to develop cross-cultural projects.

Ethical and methodological problems

We found out very soon that it is very difficult to do research with this population. Some of us had previous experience in working with children at risk and one member of our group had large experience in working with street children. We organized seminars and in the field training for students and for ourselves.

Nevertheless, some methodological problems remain unsolved and we face some troublesome ethical questions. Among the methodological issues that we see as problems are sampling and the conditions of data collection.

If the research requires more than an interview, it may be almost impossible to do it on the streets. Data will have to be collected at institutions or from street children who agree to go to a lab and show up. Even when only an interview is being done, we cannot be sure that our subjects are a random sample of street children and that our results can be safely generalized to the population of street children.

Data collection is even more problematic. Street children are seldom alone. We always have at least two researchers working together, but many times it is hard to keep other street children from approaching and trying to listen to the interview. Passers by are also a major nuisance. They often interrupt the interview to ask what is going on, to see if the child has stolen something, or to offer help.

The attention-span of these children is short. They are not used to talk with adults or to pay attention to a conversation for more than a few minutes. Also, they are easily distracted by what is going on around them.

The use of drugs also poses a problem. Most children on the street sniff glue or other substances (usually a mix of ether, alcohol and perfume; cocaine is rare). The researcher has to decide if the child can be interviewed. We always ask them to stop sniffing whatever they are sniffing as a condition to carry on the interview. However, they often do it during the interview.

Those factors obviously interfere with the quality of the data we collect. It is important to keep in mind the conditions under which data were collected when evaluating research with this population. The good news is that we have found out that the information street children give about themselves is reliable.

Ethical issues are a major concern in the study of street children. There are not clear guidelines for research with this population and many situations are not even discussed in ethical codes such as the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (1992). We have two major sources of problems: informed consent and the use of information.

It is not possible to secure informed consent from the parents of street children. Some researchers ask a juvenile court judge for permission to do the research. We do not think that this is a good solution. It must be done when required by law, but a judge acts as a review committee, granting approval if the potential benefits are higher than the risk involved. The idea of informed consent is to have parents or guardians decide if participation in the research is appropriate for a specific child: a child they know well, they care for and love. A judge, as a review board, cannot do that. We must develop guidelines that will help protect these children when parental consent cannot be obtained.

We take reasonable precautions to determine that our research involves minimal risk and we always secure the consent of the subjects. We explain why we want to interview them and what we will do with the information. We always tell them that they do not have to say or do anything if they do not want to. Also, we never use inducements such as food or money. We try to make sure that they talk to us because they wish to.

The use of information is a major problem. As a rule, we tell the subjects that all they say is confidential and will not be reported. Therefore, we do not report past physical or sexual abuse, stealing, use of alcohol and drugs, and sexual activity. In fact, it would be useless to try to report cases of substance abuse or sexual activity. However, in such cases, we believe that researchers have an obligation to act. Consider the following situations:

a) A child is sexually active and has no information about the use of condoms. Should we give such information to a 11-year old child?

b) A child is using intravenous drugs. The experimenter will always inform the child about the consequences of such behavior. However, the experimenter knows that there is no free help available in our region for drug users under 14 and that it is very likely that this child will go on using drugs. Should we explain how to clean needles?

Giving information about safe sex and a little less unsafe way of using drugs may give the impression that we condone sexual intercourse, prostitution, or drug use by young children and adolescents. On the other hand, the risk of Aids is extremely high for street children. Some studies have indicated that the rate of HIV infection for this group is 10% to 30% (English, 1991; Lebensztajn, 1987; Luna, 1991). Our decision was to inform them of the risks of unprotected sexual relations and of the use of drugs, to strongly advise them to give up on the use of drugs and to seek help when available. But we give them information that might reduce the risk of infection.

Another troublesome situation is the knowledge we gather about criminal activity, usually stealing and selling drugs. We cannot condone or be accomplices to crime.

Nevertheless, we cannot breach the trust of our subjects. This is another situation that requires clear guidelines.

We believe that we will see soon increasing research efforts to deal with the problems caused by population growth, the increasing number of homeless people and children at risk in developed countries, the deterioration of life conditions in large cities all over the world. Therefore, we must devise methods and guidelines that will allow us to conduct sound and ethical research.

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